

CASE SUMMARY AND CLOSE OUT FORM

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)]

A. Commerce Number: _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _

WDNR BRRTS Number: _ _ _ - _ _ _ - _ _ _ _ _ _ _

Date Received
(office use only)

B. Site Name, Address, City, and Zip Code

C. Responsible Party or Owner Name, Address, City, State, Zip Code, and Phone Number

F. Check all that apply:

- ☐ Non petroleum contamination present on site.
- ☐ Free Product present at 0.01 feet in thickness or more during multiple measurements.
- ☐ Potable well contaminant(s) > PAL per ch. NR 140.
- ☐ An enforcement standard is exceeded within 1,000 feet of a municipal well as defined in s. 196.01 (5a) or within 100 feet of any other well used to provide water for human consumption.
- ☐ An enforcement standard is exceeded in bedrock

Responsible Party Signature: _____ Date: ____/____/____

D. Consulting Firm, Consultant Name, Address, City, State, Zip Code, and Phone Number

I certify by my signature that I am the environmental consultant on this site, that I have reviewed all the environmental information relating to the remediation at this site, that the information contained in this form and following correspondence is true and accurate, and that it is my professional opinion that this site meets all regulatory requirements for closure. (Must be signed by a professional listed below that is currently licensed by the Department of Regulation and Licensing)

Consultant Signature: _____ Date: _____

Date Copy Of Completed Form Sent To RP ____/____/____

(Check the one that applies):

_____	Professional Engineer	_____	License #
_____	Professional Geologist	_____	License #
_____	Hydrologist	_____	License #
_____	Soil Scientist	_____	License #

Seal

E. Other Interested Parties Name, Address, City, State, Zip Code, And Phone Number(s) (Attach Additional Sheets If Necessary)

G. Receptors

List **All** Potential receptors:

H. Soil Information

Soil type(s): _____ Maximum depth of contamination: _____

Type of bedrock: _____ Depth to bedrock: _____

Are any NR 720 generic and/or SSRCL exceedance(s) present? ____ Yes ____ No

If yes, attach complete separate soil GIS package

Comm 46 Table 1 exceedance(s) present? ____ Yes ____ No

Comm 46 Table 2 exceedance(s) present? ____ Yes ____ No

Was soil excavated? ____ Yes ____ No Quantity (tons): _____ Disposal method: _____

Disposal documentation included: ____ Yes ____ No If No, explain: _____

Does pathway to closure include soil performance standard (SPS)? ____ Yes ____ No

Type: ____ Cap ____ Soil ____ Building ____ Other (specify) _____

I. Groundwater Information (If applicable – if not applicable, provide estimated depth To GW)

Brief description of remedial action taken: _____

Depth(s) to groundwater/flow direction(s): _____ # of sample rounds: _____

of NR 141 monitoring wells sampled: _____

of temporary groundwater sampling points sampled: _____ # Of recovery sumps sampled: _____

Potable wells within 1200 feet of site? ____ Yes ____ No Have they been sampled? ____ Yes ____ No

of municipal wells sampled: _____

NR 140 preventive action limit currently exceeded? ____ Yes ____ No

NR 140 enforcement standard currently exceeded? ____ Yes ____ No

If yes, attach complete separate GW GIS package.

Maximum concentration of MTBE detected: _____ ppb

Measurable free product detected? ____ Yes ____ No Last date detected: _____

J. Proposed Institutional Controls (Check all that apply)

____ Unrestricted

____ Deed restriction

Type of restriction(s) proposed: _____

____ DNR GIS Registry of Closed Sites with residual GW contamination > NR 140 ESs

If checked, has the GW GIS fee been paid to DNR ____ Yes ____ No

Is off-site/-source property groundwater contamination present? ____ Yes ____ No If yes, provide street addresses below for each property (attach additional pages if necessary) and identify on figures.

____ DNR GIS Registry of Closed Sites with residual Soil contamination > NR 720 RCLs

If checked, has the Soil GIS fee been paid to DNR ____ Yes ____ No

Is off-site/-source property soil contamination present? ____ Yes ____ No If yes, provide street addresses below for each property (attach additional pages if necessary) and identify on figures.

Property #1

☐ Soil ☐ Ground Water

Street Address: _____

City, State Zip Code: _____

Property #2

☐ Soil ☐ Ground Water

Street Address: _____

City, State Zip Code: _____